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CONFIRMATION NO. 4720

Bib Data Sheet

SERIAL NUMBER 10/622,743	FILING OR 371(c) DATE 07/21/2003 RULE	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 12.026011-DIV
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**APPLICANTS**

David T. Hung, Belmont, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/625,399 07/26/2000 PAT 6,610,484 which is a CIP of 09/502,404 02/10/2000 PAT 6,642,010 *H.S.*  
 which is a CIP of 09/313,463 05/17/1999 PAT 6,638,727 *H.S.*  
 which claims benefit of 60/117,281 01/26/1999 *H.S.*  
 and said 09/625,399 07/26/2000 *H.S.*  
 is a CIP of 09/473,510 12/28/1999 PAT 6,413,228 *H.S.*  
 and claims benefit of 60/166,100 11/17/1999 *H.S.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/20/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>David T. Hung</i> <i>Sang</i> Examiner's Signature Initials	<i>H.S.</i>	0	22	2

**ADDRESS**

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**TITLE**

Identifying material from a breast duct

<b>FILING FEE RECEIVED</b> 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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